

Action Packet

Health Care Regulation Committee

Tuesday, March 28, 2006 10:30 AM - 12:00 PM 212 Knott Building

Health Care Regulation Committee

3/28/2006 10:30:00AM

Location: 212 Knott Building

Print Date: 3/28/2006 5:03 pm

Attendance:

	Present	Absent	Excused
Rene Garcia (Chair)	Х		
Dorothy Bendross-Mindingall	Х		
Gus Bilirakis			Х
Marsha Bowen	X		
Larry Cretul	X		
Bob Henriquez	X		
Ed Homan	×		
Ralph Poppell	X		
William Proctor	X		
Yolly Roberson	X		
Eleanor Sobel	X		
Totals:	10	0	1

Health Care Regulation Committee 3/28/2006 10:30:00AM

Location: 212 Knott Building

Summary:

Health Care Regulation Committee

Tuesday March 28, 2006 10:30 am

HB 485 Temporarily Deferred

HB 569 Not Considered

HB 575 Favorable Yeas: 8 Nays: 2

HB 819 Favorable With Committee Substitute Yeas: 10 Nays: 0

HB 1111 Not Considered

HB 1177 Not Considered

HB 1213 Unfavorable Yeas: 4 Nays: 6

HB 1265 Favorable With Committee Substitute Yeas: 10 Nays: 0

HB 1319 Favorable With Committee Substitute Yeas: 9 Nays: 0

PCB HCR 06-06 Favorable With Amendments (3) Yeas: 8 Nays: 0

PCB HCR 06-07 Favorable Yeas: 9 Nays: 0

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HB 485

Health Care Regulation Committee 3/28/2006 10:30:00AM

Location: 212 Knott Building **HB 485**: Specialty Nursing



Temporarily Deferred

Appearances:

Barbara Lumpkin (Lobbyist) - Proponent Florida Nurses Association P.O. Box 536985 Orlando Florida 32853 Phone: (407) 896-3261

(waived time in opposition) Steve Winn (Lobbyist) - Opponent Florida Osteopathic Medical Assoc. 2007 Apalachee Pkwy. Tallahassee Florida 32301 Phone: (850) 878-7364

Chris Nuland (Lobbyist) - Opponent Florida Chapter, American College of Physicians 1000 Riverside Ave. #115 Jacksonville Florida 32204 Phone: (904) 355-1555

(waived time in opposition) Nancy Moreau (Lobbyist) - Opponent Florida Pediatric Society 1895 Vineland Lane Tallahassee Florida 32317 Phone: (850) 942-7031

Troy Tippett, MD (Lobbyist) - Opponent Florida Medical Association 123 S. Adams St. Tallahassee Florida 32301 Phone: (850) 224-6496

(waived time in opposition) Steve Hull (Lobbyist) - Opponent Florida Society of Ophthalmology 811 E. Call Street Tallahassee Florida 32301

Lygia Holcomb (State Employee) - Proponent Associate Professor, Nurse Practitioner 216 Pop Fin Court Orlando Florida 32828 Phone: (407) 658-2872

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Health Care Regulation Committee

3/28/2006 10:30:00AM

Location: 212 Knott Building

Stephen Heglund (State Employee) - Proponent

UCF Instructor, ARNP 1325 19th Ave. SW Vero Beach Florida 32962 Phone: (772) 778-8236

Dr. Cyneetha Strong (General Public) - Opponent Florida Academy of Family Physicians Tallahassee Florida

(waived time in support)
Martha Baker, RN, President - Proponent
SEIU 1991
1685 Cleveland Road
Miami Beach Florida 33141
Phone: (305) 620-6555

House of Representatives COMMITTEE BILL ACTION WORKSHEET

Committee	/Subcc	mmittee on	HEALTH	CAR	E REGL	ILATION		Bill No	HB	485		
Meeting Da	ate	mmittee on 3 -28-04	Time	10	:30	Am		Place	212	Kno	tt	-
COMMITTE												
F F U	avorat Infavor empor Recons	ole with Amendments ble with Committee S able arily Deferred idered	Substitute							<i>(</i> 11)		
Other Actio	on:								. 10.1	e will	\mathcal{N}	
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		Bilirakis, Gus										
		Bowen, Marty										
	V	Cretul, Larry										
	1	Henriquez, Bob										
	V	Homan, Ed										
	/	Poppell, Ralph										
		Proctor, William										
		Roberson, Yolly										
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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. / (for drafter's use only) Bill No. HB 485 COUNCIL/COMMITTEE ACTION __ (Y/N) ADOPTED ADOPTED AS AMENDED __ (Y/N) ADOPTED W/O OBJECTION FAILED TO ADOPT __ (Y/N) (Y/N)WITHDRAWN OTHER Council/Committee hearing bill: Health Care Regulation 1 Representative(s) Farkas offered the following: 2 3 Amendment (with directory and title amendments) 4 Remove line(s) 183-283 and insert: 6 464.0125 A statewide pilot project is created to authorize advanced registered nurse practitioners who provide services in skilled nursing homes and assisted living facilities licensed 9 under chapter 400, veterans administration facilities and 10 clinics where veterans receive health and medical services, 11 hospices, and designated rural clinics, to prescribe controlled 12 substances as defined in chapter 893 under the general 13 supervision of a physician licensed under chapter 458 or 459, 14 and in accordance with a protocol. The protocol shall clearly 15 state the schedules of controlled substances the advanced 16 registered nurse practitioner is authorized to prescribe and set 17 limits on the number/doses of such controlled substances that 18 the advanced registered nurse practitioner may prescribe. 19

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controlled substances under this section are only authorized to

1. Advanced registered nurse practitioners who prescribe

Amendment No. ___ (for drafter's use only)

prescribe controlled substances for patients who receive health
care services through or in the facilities referenced in this
section.

- 2. Advanced registered nurse practitioners who prescribe controlled substances under this section must have a current DEA mid-level practitioner number issued by the United States Drug Enforcement Administration.
- 3. Protocols authorizing advanced registered nurse practitioners to prescribe under this section must be made available for review by a pharmacist who requests to review the protocol.
- 4. The Department of Health, with assistance of the Board of Nursing, and the joint committee of the Board of Nursing and the Board of Medicine shall prepare an annual report to the President of the Senate, the Speaker of the House and the Governor on the safety and increased efficiency in the delivery of health care services resulting from permitting advanced registered nurse practitioners to prescribe controlled substances under this provision.
- 5. The Board of Nursing may adopt rules pursuant to ss. 120.073(1) and 120.54 to implement this section.

Remove line(s) 10-19 and insert:

practitioners; creating s. 464.0125, F.S.; creating a statewide pilot project to authorize certain advance registered nurse practitioners to prescribe controlled substances under certain circumstances; providing limitations and requirements for advance registered nurse practitioners practicing under the

pilot project; requiring the Department of Health to prepare an

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. ____ (for drafter's use only) annual report; authorizing the Board of Nursing to adopt rules; 52 amending s. 464.015, F.S.; restricting the use of 53

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 2 (for drafter's use only)

	Bill No. HB 485
	COUNCIL/COMMITTEE ACTION
	ADOPTED (Y/N)
	ADOPTED AS AMENDED(Y/N)
	ADOPTED W/O OBJECTION. \(\begin{array}{cccccccccccccccccccccccccccccccccccc
	FAILED TO ADOPT (Y/N)
	WITHDRAWN (Y/N)
	other
1	Council/Committee hearing bill: Health Care Regulation
2	Representative(s) Farkas offered the following:
3	
4	Amendment (with directory and title amendments)
5	Remove line(s) 376 and insert:
6	
7	authorized to prescribe controlled substances in accordance with
8	the pilot created under s. 464.0125.

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HB 569

Health Care Regulation Committee

3/28/2006 10:30:00AM

Location: 212 Knott Building **HB 569: Athletic Trainers**

X Not Considered

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HB 575

Health Care Regulation Committee

3/28/2006 10:30:00AM

Location: 212 Knott Building

HB 575: Practice of Podiatric Medicine

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Dorothy Bendross-Mindingall	X	N. 1			
Gus Bilirakis			Х		
Marsha Bowen		X	*		
Larry Cretul	X				
Bob Henriquez	X				
Ed Homan	X				
Ralph Poppell	X			.=	
William Proctor		X			
Yolly Roberson	X				
Eleanor Sobel	X				
Rene Garcia (Chair)	X				

Appearances:

(waived time in support)
Francie Plendl (Lobbyist) - Proponent
Florida Medical Association
123 S. Adams St.
Tallahassee Florida 32301
Phone: (850) 224-6496

(waived time in opposition)
Joseph Strickland (General Public) - Opponent
Podiatric Medicine
225 Second Ave. North
St. Petersburg Florida 33701
Phone: (727) 822-3573

(waived time in opposition)
James Strickland (General Public) - Opponent
Podiatric Medicine
225 Second Ave. North
St. Petersburg Florida 32701
Phone: (727) 823-4768

Linda Alexander (General Public) - Opponent Podiatrist 1361 13th Ave. South #120 Jacksonville Beach Florida 32250

Phone: (904) 241-2655

Health Care Regulation Committee 3/28/2006 10:30:00AM

Location: 212 Knott Building (waived time in opposition)

Dr. Michael Rivera (General Public) - Opponent

Podiatric Medicine 3659 S. Miami Ave., #3003 Miami Florida 33133 Phone: (305) 858-8730

Dr. Chet Evans (General Public) - Opponent
Barry University/Florida Podiatric Medical Association
11300 NE 2nd Avenue
Miami Shores Florida
Phone: (305) 899-3250

Andrew Borom, MD (General Public) - Proponent Florida Orthopedic Society 3656 Uncle Glover Road Tallahassee Florida 32312 Phone: (850) 893-2574

Fraser Cobbe (Lobbyist) - Proponent Florida Orthopedic Society 17503 Mallard Court Lutz Florida Phone: (813) 968-8660

Chris Hansen (Lobbyist) - Opponent Florida Podiatric Medical Association 101 N. Monroe Street, #725 Tallahassee Florida 32301

Phone: (850) 224-7091

Print Date: 3/28/2006 5:03 pm

HB 819

Health Care Regulation Committee

3/28/2006 10:30:00AM

Location: 212 Knott Building **HB 819: Radiologist Assistants**

	Yea	Nay	No Vote	Absentee Yea_	Absentee Nay
Dorothy Bendross-Mindingall	X				
Gus Bilirakis			X		
Marsha Bowen	X				
Larry Cretul	X				
Bob Henriquez	X				
Ed Homan	X	-			
Ralph Poppell	X				
William Proctor	X				
Yolly Roberson	X				
Eleanor Sobel	X				
Rene Garcia (Chair)	X				

Appearances:

(waived time in support)

Charles Williams, MD (General Public) - Proponent

American College of Radiology, American Society of Radiological Technologists

Florida Radiological Society 456 Carr Lane

Tallahassee Florida 32312

Phone: (850) 942-4491

(waived time in support)

Alison Dudley (Lobbyist) - Proponent

Florida Radiological Society

P.O. Box 428

Tallahassee Florida 32302

Phone: (850) 556-6517

(waived time in support)

Francie Plendl (Lobbyist) - Proponent

Florida Medical Association

123 S. Adams St.

Tallahassee Florida 32301

Print Date: 3/28/2006 5:03 pm

Phone: (850) 224-6496

House of Representatives COMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee o	h HEALTH CARE REGULATION	Bill No				
Meeting Date 3-28	-00Time_10:30 Am	Place 212 Knott				
COMMITTEE ACTION:						
Favorable Favorable with Am Favorable with Co Unfavorable Temporarily Deference Reconsidered	mmittee Substitute					
Other Action:						

	l Vote Bill	Members	H							
Yeas	Nays	Members	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
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Yeas	Nays		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

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Amendment	No.	/ (for	draf	ter's	use	onlv)	

Bill No. HB 819

COUNCIL/COMMITTEE ACTION

ADOPTED	(Y/N)
ADOPTED AS AMENDED	(Y/N)
ADOPTED W/O OBJECTION	V (Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	

Council/Committee hearing bill: Health Care Regulation Representative(s) Grant offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Section 468.3001, Florida Statutes, is amended to read:

468.3001 Short title.—This part shall be known and may be cited as the "Radiological Personnel Radiologic Technologist Certification Act."

Section 2. Present subsections (4) through (15) of section 468.301, Florida Statutes, are redesignated as subsections (5) through (18), respectively, new subsections (4), (16), and (17) are added to that section, and present subsection (14) of that section is amended, to read:

- 468.301 Definitions. -- As used in this part, the term:
- (4) "Certificateholder" means any person who holds a certificate under this part that authorizes that person to use radiation on human beings.
- (15)(14) "Radiologic technologist" means a person, other than a licensed practitioner, who is qualified by education, training, or experience, as more specifically defined in s.

Amendment No. _/_ (for drafter's use only)

- 468.302(3)(d)-(g) s. 468.302, to use radiation on human beings under the specific direction and general supervision of a licensed practitioner in each particular case.
 - (16) "Radiologist" means a physician specializing in radiology certified by or eligible for certification by the American Board of Radiology or the American Osteopathic Board of Radiology, the British Royal College of Radiology, or the Canadian College of Physicians and Surgeons.
 - (17) "Radiologist assistant" means a person, other than a licensed practitioner, who is qualified by education and certification, as set forth in s. 468.304, as an advanced-level radiologic technologist who works under the supervision of a radiologist to enhance patient care by assisting the radiologist in the medical imaging environment.
 - Section 3. Subsections (1), (5), and (6) of section 468.302, Florida Statutes, are amended, paragraph (g) is added to subsection (2) of that section, and paragraph (h) is added to subsection (3) of that section, to read:
- 468.302 Use of radiation; identification of certified persons; limitations; exceptions.--
- (1) Except as provided in this section, a person may not use radiation or otherwise practice radiologic technology or any of the duties of a radiologist assistant on a human being unless he or she:
 - (a) Is a licensed practitioner; or
- (b) Is the holder of a certificate, as provided in this part, and is operating under the direct supervision or general supervision of a licensed practitioner in each particular case; or-

Amendment No. ____ (for drafter's use only)

(c) Is the holder of radiologist assistant certificate, as provided in this part, and is operating under the supervision of a radiologist, as specified in paragraph (3)(h).

(2)

(g) A person holding a certificate as a radiologist assistant may use the title "Certified Radiologist Assistant" or the letters "CRA" after his or her name.

No other person is entitled to so use a title or letters contained in this subsection or to hold himself or herself out in any way, whether orally or in writing, expressly or by implication, as being so certified.

(3)

- (h) A person holding a certificate as a radiologist assistant may:
- 1. Perform specific duties allowed for a radiologist assistant as defined by the department by rule. The rule must be consistent with guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists, with the level of supervision required by such guidelines.
- 2. Not perform nuclear medicine or radiation therapy procedures unless currently certified and trained to perform those duties under the person's nuclear medicine technologist or radiation therapy technologist certificate; not interpret images; not make diagnoses; and not prescribe medications or therapies.
- (5) Nothing contained in this part relating to radiologic technology or a radiologist assistant shall be construed to limit, enlarge, or affect in any respect the practice by duly licensed practitioners of their respective professions.

Amendment No. / (for drafter's use only)

- (6) Requirement for certification does not apply to:
- (a) A hospital resident who is not a licensed practitioner in this state or a student enrolled in and attending a school or college of medicine, osteopathic medicine, chiropody, podiatric medicine, or chiropractic medicine or a radiologic technology educational program or a radiologist assistant educational program and who applies radiation to a human being while under the direct supervision of a licensed practitioner.
- (b) A person who is engaged in performing the duties of a radiologic technologist or of a radiologist assistant in his or her employment by a governmental agency of the United States.
- (c) A person who is trained and skilled in cardiopulmonary technology and who provides cardiopulmonary technology services at the direction, and under the direct supervision, of a licensed practitioner.
- Section 4. Paragraph (e) of subsection (3) of section 468.304, Florida Statutes, is amended to read:
- 468.304 Certification. -- The department shall certify any applicant who meets the following criteria:
- (3) Submits satisfactory evidence, verified by oath or affirmation, that she or he:
- (e)1. Has successfully completed an educational program, which program may be established in a hospital licensed pursuant to chapter 395 or in an accredited postsecondary academic institution which is subject to approval by the department as maintaining a satisfactory standard; or
- 2.a. With respect to an applicant for a basic X-ray machine operator's certificate, has completed a course of study approved by the department with appropriate study material provided the applicant by the department;

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- b. With respect to an applicant for a basic X-ray machine operator-podiatric medicine certificate, has completed a course of study approved by the department, provided that such course of study shall be limited to that information necessary to perform radiographic procedures within the scope of practice of a podiatric physician licensed pursuant to chapter 461;
- c. With respect only to an applicant for a general radiographer's certificate who is a basic X-ray machine operator certificateholder, has completed an educational program or a 2year training program that takes into account the types of procedures and level of supervision usually and customarily practiced in a hospital, which educational or training program complies with the rules of the department; or
- With respect only to an applicant for a nuclear medicine technologist's certificate who is a general radiographer certificateholder, has completed an educational program or a 2-year training program that takes into account the types of procedures and level of supervision usually and customarily practiced in a hospital, which educational or training program complies with the rules of the department; or-
- e. With respect to an applicant for a radiologist assistant's certificate who demonstrates to the department that he or she holds a current certificate or registration as a radiologist assistant granted by the American Registry of Radiologic Technologists.

The department may not certify any applicant who has committed an offense that would constitute a violation of any of the provisions of s. 468.3101 or the rules adopted thereunder if the applicant had been certified by the department at the time of the offense. No application for a limited computed tomography

Amendment No. ____ (for drafter's use only)
certificate shall be accepted. All persons holding valid
computed tomography certificates as of October 1, 1984, are
subject to the provisions of s. 468.309.

Section 5. Section 468.306, Florida Statutes, is amended to read:

468.306 Examinations.—All applicants for certification as a radiologic technologist, basic X-ray machine operator, or basic X-ray machine operator-podiatric medicine, except those certified pursuant to s. 468.3065, shall be required to pass an examination. In lieu of an examination for a radiologist assistant certificate, the department shall accept a demonstration by the applicant for such a certificate that he or she holds a current certificate or registration as a radiologist assistant granted by the American Registry of Radiologic Technologists. The department may is authorized to develop or use examinations for each type of certificate. The department may require an applicant who does not pass an examination after five attempts to complete additional remedial education, as specified by rule of the department, before admitting the applicant to subsequent examinations.

- (1) The department <u>may</u> shall have the authority to contract with organizations that develop such test examinations. Examinations may be administered by the department or the contracting organization.
- (2) Examinations shall be given for each type of certificate at least twice a year at such times and places as the department may determine to be advantageous for applicants.
- (3) All examinations shall be written and include positioning, technique, and radiation protection. The department shall either pass or fail each applicant on the basis of his or her final grade. The examination for a basic X-ray machine

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Amendment No. / (for drafter's use only) operator shall include basic positioning and basic techniques directly related to the skills necessary to safely operate

(4) A nonrefundable fee not to exceed \$75 plus the actual per-applicant cost for purchasing the examination from a national organization shall be charged for any subsequent

Section 6. Section 468.3065, Florida Statutes, is amended

468.3065 Certification by endorsement.--

- (1) The department may issue a certificate by endorsement to practice as a radiologist assistant to an applicant who, upon applying to the department and remitting a nonrefundable fee not to exceed \$50, demonstrates to the department that he or she holds a current certificate or registration as a radiologist assistant granted by the American Registry of Radiologic
- The department may issue a certificate by endorsement to practice radiologic technology to an applicant who, upon applying to the department and remitting a nonrefundable fee not to exceed \$50, demonstrates to the department that he or she holds a current certificate, license, or registration to practice radiologic technology, provided that the requirements for such certificate, license, or registration are deemed by the department to be substantially equivalent to those established under this part and rules adopted under this part.

Section 7. Subsection (3) of section 468.307, Florida Statutes, is amended to read:

468.307 Certificate; issuance; display.--

Amendment No. (for drafter's use only)

2:14

- (3) Every employer of <u>certificateholders</u> radiologic technologists shall display the certificates of all of such employees in a place accessible to view.
- Section 8. Paragraph (a) of subsection (1), and subsections (4), (5), (6), and (7) of section 468.309, Florida Statutes, are amended to read:
- 468.309 Certificate; duration; renewal; reversion to inactive status; members of Armed Forces and spouses.--
- (1)(a) A radiologic technologist's certificate issued in accordance with this part expires as specified in rules adopted by the department which establish a procedure for the biennial renewal of certificates. A certificate shall be renewed by the department for a period of 2 years upon payment of a renewal fee in an amount not to exceed \$75 and upon submission of a renewal application containing such information as the department deems necessary to show that the applicant for renewal is a certificateholder radiologic technologist in good standing and has completed any continuing education requirements that the department establishes.
- (4) Any certificate that is not renewed by its expiration date shall automatically be placed in an expired status, and the certificateholder may not practice radiologic technology or perform the duties of a radiologist assistant until the certificate has been reactivated.
- (5) A certificateholder in good standing remains in good standing when he or she becomes a member of the Armed Forces of the United States on active duty without paying renewal fees or accruing continuing education credits as long as he or she is a member of the Armed Forces on active duty and for a period of 6 months after discharge from active duty, if he or she is not engaged in practicing radiologic technology or performing the

- (6) A certificateholder who is in good standing remains in good standing if he or she is absent from the state because of his or her spouse's active duty with the Armed Forces of the United States. The certificateholder remains in good standing without paying renewal fees or completing continuing education as long as his or her spouse is a member of the Armed Forces on active duty and for a period of 6 months after the spouse's discharge from active duty, if the certificateholder is not engaged in practicing radiologic technology or performing the duties of a radiologist assistant in the private sector for profit. The certificateholder must pay a renewal fee and complete continuing education not to exceed 12 classroom hours to renew the certificate.
- certification by submitting to the department a written, notarized resignation on a form specified by the department. The resignation automatically becomes effective upon the department's receipt of the resignation form, at which time the certificateholder's certification automatically becomes null and void and may not be reactivated or renewed or used to practice radiologic technology or to perform the duties of a radiologist assistant. A certificateholder who has resigned may become certified again only by reapplying to the department for certification as a new applicant and meeting the certification requirements pursuant to s. 468.304 or s. 468.3065. Any disciplinary action that had been imposed on the certificateholder prior to his or her resignation shall be

Amendment No. ___ (for drafter's use only)

tolled until he or she again becomes certified. Any disciplinary action proposed at the time of the certificateholder's resignation shall be tolled until he or she again becomes

269 certified.

Section 9. Paragraphs (a) and (c) of subsection (2) of section 468.3095, Florida Statutes, are amended to read:

468.3095 Inactive status; reactivation; automatic suspension; reinstatement.--

- (2)(a) A certificate that has been expired for less than 10 years may be reactivated upon payment of the biennial renewal fee and a late renewal fee, not to exceed \$100, and submission of a reactivation application containing any information that the department deems necessary to show that the applicant is a certificateholder radiologic technologist in good standing and has met the requirements for continuing education. The department shall prescribe, by rule, continuing education requirements as a condition of reactivating a certificate. The continuing education requirements for reactivating a certificate may not exceed 10 classroom hours for each year the certificate was expired and may not exceed 100 classroom hours for all years in which the certificate was expired.
- years or more automatically becomes null and void and may not be reactivated, renewed, or used to practice radiologic technology or to perform the duties of a radiologist assistant. A certificateholder whose certificate has become null and void may become certified again only by reapplying to the department as a new applicant and meeting the requirements of s. 468.304 or s. 468.3065.

Section 10. Subsections (1), (2), (3), and (5) of section 468.3101, Florida Statutes, are amended to read:

Amendment No. ___ (for drafter's use only)

306:

468.3101 Disciplinary grounds and actions.--

- (1) The department may make or require to be made any investigations, inspections, evaluations, and tests, and require the submission of any documents and statements, which it considers necessary to determine whether a violation of this part has occurred. The following acts shall be grounds for disciplinary action as set forth in this section:
- (a) Procuring, attempting to procure, or renewing a certificate to practice radiologic technology by bribery, by fraudulent misrepresentation, or through an error of the department.
- (b) Having a voluntary or mandatory certificate to practice radiologic technology or to perform the duties of a radiologist assistant revoked, suspended, or otherwise acted against, including being denied certification, by a national organization; by a specialty board recognized by the department; or by a certification authority of another state, territory, or country.
- (c) Being convicted or found guilty, regardless of adjudication, in any jurisdiction of a crime that directly relates to the practice of radiologic technology or to the performance of the duties of a radiologist assistant, or to the ability to practice radiologic technology or the ability to perform the duties of a radiologist assistant. Pleading nolo contendere shall be considered a conviction for the purpose of this provision.
- (d) Being convicted or found guilty, regardless of adjudication, in any jurisdiction of a crime against a person. Pleading nolo contendere shall be considered a conviction for the purposes of this provision.

- (e) Making or filing a false report or record that the certificateholder knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, or willfully impeding or obstructing such filing or inducing another to do so. Such reports or records include only those reports or records which are signed in the capacity of the certificateholder as a radiologic technologist.
- (f) Engaging in unprofessional conduct, which includes, but is not limited to, any departure from, or the failure to conform to, the standards of practice of radiologic technology or the standards of practice for radiologist assistants as established by the department, in which case actual injury need not be established.
- perform the duties of a radiologist assistant with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or other materials or as a result of any mental or physical condition. A certificateholder radiologist technologist affected under this paragraph shall, at reasonable intervals, be afforded an opportunity to demonstrate that he or she can resume the competent practice of his or her certified profession radiologic technology with reasonable skill and safety.
- (h) Failing to report to the department any person who the certificateholder knows is in violation of this part or of the rules of the department.
- (i) Violating any provision of this part, any rule of the department, or any lawful order of the department previously entered in a disciplinary proceeding or failing to comply with a lawfully issued subpoena of the department.

- (j) Employing, for the purpose of applying ionizing radiation or otherwise practicing radiologic technology or performing the duties of a radiologist assistant on a human being, any individual who is not certified under the provisions of this part.

 (k) Testing positive for any drug, as defined in s.
- (k) Testing positive for any drug, as defined in s. 112.0455, on any confirmed preemployment or employer-required drug screening when the <u>certificateholder radiologic</u> technologist does not have a lawful prescription and legitimate medical reason for using such drug.
- (1) Failing to report to the department in writing within 30 days after the certificateholder has had a voluntary or mandatory certificate to practice radiologic technology or to perform the duties of a radiologist assistant revoked, suspended, or otherwise acted against, including being denied certification, by a national organization, by a specialty board recognized by the department, or by a certification authority of another state, territory, or country.
- (m) Having been found guilty of, regardless of adjudication, or pleading guilty or nolo contendere to, any offense prohibited under s. 435.03 or under any similar statute of another jurisdiction.
- (n) Failing to comply with the recommendations of the department's impaired practitioner program for treatment, evaluation, or monitoring. A letter from the director of the impaired practitioner program that the certificateholder is not in compliance shall be considered conclusive proof under this part.
- (2) If the department finds any person or firm guilty of any of the grounds set forth in subsection (1), it may enter an order imposing one or more of the following penalties:

Amendment No. (for drafter's use only)

- (a) Refusal to approve an application for certification.
 - (b) Revocation or suspension of a certificate.
- (c) Imposition of an administrative fine not to exceed \$1,000 for each count or separate offense.
 - (d) Issuance of a reprimand.

- (e) Placement of the <u>certificateholder radiologic</u>

 technologist on probation for such period of time and subject to such conditions as the department may specify, including requiring the <u>certificateholder radiologic technologist</u> to submit to treatment, to undertake further relevant education or training, to take an examination, or to work under the supervision of a licensed practitioner.
- (3) The department shall not reinstate a person's the certificate of a radiologic technologist, or cause a certificate to be issued to a person it has deemed unqualified, until such time as the department is satisfied that such person has complied with all the terms and conditions set forth in the final order and is capable of safely engaging in the practice of his or her certified profession radiologic technology.
- (5) A final disciplinary action taken against a <u>certificateholder radiologic technologist</u> in another jurisdiction, whether voluntary or mandatory, shall be considered conclusive proof of grounds for a disciplinary proceeding under this part.
- Section 11. Section 468.311, Florida Statutes, is amended to read:
- 468.311 Violations; penalties.—Each of the following acts constitutes a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083:

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certificate to do so. (2) Using or attempting to use a certificate which has been suspended or revoked.

duties of a radiologist assistant without holding an active

(1) Practicing radiologic technology or performing the

- The willful practice of radiologic technology or the willful performance of the duties of a radiologist assistant by a student radiologic technologist without a direct supervisor being present.
- (4) Knowingly allowing a student radiologic technologist to practice radiologic technology or perform the duties of a radiologist assistant without a direct supervisor being present.
- (5) Obtaining or attempting to obtain a certificate under this part through bribery or fraudulent misrepresentation.
- (6) Using any the name or title specified in s. 468.302(2) "Certified Radiologic Technologist" or any other name or title which implies that a person is certified to practice radiologic technology or to perform the duties of a radiologist assistant, unless such person is duly certified as provided in this part.
- Knowingly concealing information relating to the enforcement of this part or rules adopted pursuant to this part.
- Employing, for the purpose of applying ionizing radiation to, or otherwise practicing radiologic technology or any of the duties of a radiologist assistant on, any human being, any individual who is not certified under the provisions of this part.
- Section 12. Section 468.3115, Florida Statutes, is amended to read:
- 468.3115 Injunctive relief. -- The practice of radiologic technology or the performance of the duties of a radiologist assistant in violation of this part, or the performance of any

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

	Amendment No (for drafter's use only)
448	act prohibited in this part, is declared a nuisance inimical to
449	the public health, safety, and welfare of this state. In
450	addition to other remedies provided in this part, the
451	department, or any state attorney in the name of the people of
452	this state, may bring an action for an injunction to restrain
453	such violation until compliance with the provisions of this part
454	and the rules adopted pursuant to this part has been
455	demonstrated to the satisfaction of the department.
456	Section 13. Subsections (1), (2), and (5) of section

- Section 13. Subsections (1), (2), and (5) of section 468.314, Florida Statutes, are amended to read:
- 468.314 Advisory Council on Radiation Protection; appointment; terms; powers; duties.--
- (1) The Advisory Council on Radiation Protection is created within the Department of Health and shall consist of $\frac{16}{15}$ persons to be appointed by the secretary for 3-year terms.
 - (2) The council shall be comprised of:
 - (a) A certified radiologic technologist-radiographer.
 - (b) A certified radiologic technologist-nuclear medicine.
 - (c) A certified radiologic technologist-therapy.
- (d) A basic X-ray machine operator or a licensed practitioner who employs such an operator.
 - (e) A board-certified radiologist.
 - (f) A board-certified nuclear medicine physician.
 - (g) A certified health physicist.
 - (h) A certified radiologist assistant.
- (i) (h) A representative from the administration of a hospital affiliated with a radiologic technology educational program.
 - (j) (i) An expert in environmental radiation matters.
 - (k) (j) A chiropractic radiologist.
 - (1) (k) A board-certified podiatric physician.

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Amendment No. / (for drafter's use only)

- (m) (l) A board-certified radiological physicist.
- $\underline{\text{(n)}}$ A board-certified therapeutic radiologist or board-certified radiation oncologist.
- (o) (n) Two persons, neither of whom has ever been certified pursuant to this part as a radiologic technologist or been a member of any closely related profession.
- (5)(a) The council may recommend to the department examination procedures for applicants and minimum requirements for qualification of applicants.
 - (b) The council shall:

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- 1. Recommend to the department a code of ethics for the certificateholder's practice of his or her certified profession radiologic technology.
- 2. Make recommendations for the improvement of continuing education courses.
- 3. Make recommendations to the department on matters relating to the practice of radiologic technology, the performance of the duties of a radiologist assistant, and radiation protection.
- 4. Study the utilization of medical imaging and nonionizing radiation, such as nuclear magnetic resonance or similarly related technology, and make recommendations to the department on the personnel appropriate to conduct such procedures and the minimum qualifications for such personnel.
 - Section 14. This act shall take effect July 1, 2006.

Remove the entire title and insert:

An act relating to radiologist assistants; amending s. 468.3001, F.S.; redesignating part IV of ch. 468, F.S., as the

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. / (for drafter's use only) "Radiological Personnel Certification Act"; amending s. 468.301, 510 F.S.; providing definitions; amending s. 468.302, F.S.; 511 providing for identification and duties of a radiologist 512 assistant; providing for rulemaking by the Department of Health; 513 providing limitations on duties a radiologist assistant may 514 perform; amending s. 468.304, F.S.; providing conditions for 515 qualification for a radiologist assistant's certificate; 516 amending s. 468.306, F.S.; requiring certain applicants for 517 certification as a radiographer to pass an examination; 518 requiring the department to accept certain demonstrations by an 519 applicant for a certification to practice as a radiologist 520 assistant in lieu of any examination requirement; amending s. 521 468.3065, F.S.; authorizing the Department of Health to issue 522 certificates by endorsement to certain radiologist assistants; 523 providing for a fee; amending ss. 468.307, 468.309, 468.3095, 524 468.3101, 468.311, and 468.3115, F.S.; including radiologist 525 assistants in provisions applicable to radiologic technologists 526 with respect to requirements for certificate display, 527 certificate renewal, change of certificate status, grounds for 528 disciplinary action, violations, penalties, and injunctive 529 relief; amending s. 468.314, F.S.; adding a certified 530 radiologist assistant to the membership of the Advisory Council 531 on Radiation Protection; providing an effective date. 532

HB 1111

Health Care Regulation Committee

3/28/2006 10:30:00AM

Location: 212 Knott Building

HB 1111 : Financial Responsibility of Advanced Registered Nurse Practitioners

X Not Considered

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HB 1177

Health Care Regulation Committee

3/28/2006 10:30:00AM

Location: 212 Knott Building

HB 1177: Patient Handling and Moving Practices

X Not Considered

Print Date: 3/28/2006 5:03 pm

HB 1213

Health Care Regulation Committee

3/28/2006 10:30:00AM

Location: 212 Knott Building

HB 1213 : Exceptional Student Evaluation

X Unfavorable					
	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Dorothy Bendross-Mindingall		X			
Gus Bilirakis			Х		
Marsha Bowen	X				
Larry Cretul		Х			
Bob Henriquez		X			
Ed Homan		Х			
Ralph Poppell	X				
William Proctor		X			
Yolly Roberson	X				
Eleanor Sobel		X			
Rene Garcia (Chair)	X				
	Total Yeas: 4	Total Nays: 6	,		

Appearances:

(waived time in support)
Bob Reynolds (Lobbyist) - Proponent
Citizens Commission on Human Rights
P.O. Box 4369
Tallahassee Florida 32303
Phone: (850) 422-0656

(waived time in support)
Anthony Wilson (General Public) - Proponent
Citizens Commission on Human Rights
131 Abner Drive
Cedartown Georgia 30125
Phone: (770) 749-1308

(waived time in opposition)
Conni Wells (General Public) - Opponent
3927 Spring Creek Highway
Crawfordville Florida 32327
Phone: (850) 926-6190

(waived time in opposition)
Susanne Homant (Lobbyist) - Opponent
NAMI Florida
911 E. Park Ave.
Tallahassee Florida 32301
Phone: (850) 671-4445

Health Care Regulation Committee

3/28/2006 10:30:00AM

Location: 212 Knott Building (waived time in opposition) Nancy Moreau (Lobbyist) - Opponent Florida Pediatric Society 1895 Vineland Lane Tallahassee Florida 32317 Phone: (850) 942-7031

(waived time in opposition)
Dr. Larry Kubiak (General Public) - Opponent
Florida Psychological Association
1616 Physicians Drive
Tallahassee Florida 32308

Phone: (850) 431-5879

(waived time in opposition)
Dr. Carolyn Stimel (General Public) - Opponent
Florida Psychological Association
2027 Thomasville Road
Tallahassee Florida 32308
Phone: (850) 386-8116

(waived time in opposition)
Francie Plendl (Lobbyist) - Opponent
Florida Medical Association
123 S. Adams St.
Tallahassee Florida 32301
Phone: (850) 224-6496

Ward Spisso (General Public) - Opponent ESE Leon County Schools 2757 W. Pensacola Street Tallahassee Florida 32303 Phone: (850) 487-7158

Dr. Wayne Goodman, Chair (State Employee) - Opponent Department Psychiatry, Univ. of Florida P.O. Box 100256 Gainesville Florida 32610

Bob Cerra (Lobbyist) - Opponent
Florida Association of School Psychologists
206-B South Monroe Street
Tallahassee Florida 32301
Phone: (850) 212-6233

Phone: (352) 397-3681

Jim Akin (General Public) - Opponent National Association of Social Workers 1931 Dellwood Drive Tallahassee Florida Phone: (850) 224-2400

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Health Care Regulation Committee

3/28/2006 10:30:00AM

Location: 212 Knott Building

Edie Ousley (General Public) - Opponent

Self

6505 Iron Liege Trail Tallahassee Florida 32309 Phone: (850) 251-6261

Leagis ®

House of Representatives COMMITTEE BILL ACTION WORKSHEET

Committee/Subco	mmittee on	HEALTH CAR	TH CARE REGULATION Bill No			HB	1213	···		
Meeting Date	3-28-06	Time/C	J:30	Am	Place	212	Knott			
COMMITTEE ACT	COMMITTEE ACTION: Favorable									
Favorab Favorab Unfavora	le with Amendments le with Committee Su able arily Deferred									

Other Action:

	l Vote Bill	Members	#	7	#	1A				
Yeas	Nays	1	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
	1	Bendross-Mindingall, Dorothy						1		1,-
		Bilirakis, Gus					1			
		Bowen, Marty				1				
	V	Cretul, Larry								
		Henriquez, Bob								
	V	Homan, Ed								
1		Poppell, Ralph					1		<u> </u>	
	V	Proctor, William								
V		Roberson, Yolly								
	i/	Sobel, Eleanor								
V		Garcia, Rene, Chair								
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Yeas	Nays		Yeas	_Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
4	le	TOTALS	(A	_)	W	D				

Amendment No. (for drafter's use only)

Bill No. HB 1213

COUNCIL/COMMITTEE ACTION

ADOPTED	(Y/N)
ADOPTED AS AMENDED	_ (Y/N)
ADOPTED W/O OBJECTION	(Y/N) (Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	

Council/Committee hearing bill: Health Care Regulation Representative(s) Barreiro offered the following:

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Amendment (with title amendment)

Remove everything after the enacting clause and insert: Section 1. Subsections (8) and (9) are added to section 1003.57, Florida Statutes, to read:

1003.57 Exceptional students instruction.—Each district school board shall provide for an appropriate program of special instruction, facilities, and services for exceptional students as prescribed by the State Board of Education as acceptable, including provisions that:

- (8) Before a public school student may be evaluated for an emotional, behavioral, or mental disorder or any other psychological or psychiatric disorder listed in the Diagnostic and Statistical Manual of Mental Disorders, the parent must be fully informed of all known and potential consequences of and alternatives for such evaluation, including, but not limited to, the following:
- (a) The behaviors prompting the evaluation could be the result of underlying physical conditions, including, but not limited to, one or more of the following: poor nutrition;

- Amendment No. ____ (for drafter's use only)

 exposure to toxins, including, but not limited to, lead,

 mercury, pesticides, organic biocides, plastizers, and other

 neurotoxins; allergies; or sleep deprivation.
- (b) The parent may want to consider consulting a medical doctor to rule out physical causes before pursuing psychological or psychiatric evaluation for his or her child.
- (c) Psychological and psychiatric evaluation and diagnosis of mental and behavioral disorders, such as attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), obsessive compulsive disorder (OCD), depression, bipolar disorder, or any other disorder listed in the Diagnostic and Statistical Manual of Mental Disorders, are based on subjective interpretation and not on objective medical tests or physical markers, such as blood tests, brain scans, or X-rays.
- (d) Treatment of disorders described in the Diagnostic and Statistical Manual of Mental Disorders often consists of psychotropic medications. The relationship of psychotropic medications to actual disorders is unknown and their effectiveness has not been proven. Psychotropic medications are often not approved for children and many have potential dangerous side effects, including suicidal and psychotic behavior and other side effects which parents should inform themselves of by consulting the current FDA-approved package insert for the medication, the current edition of Mosby's Drug Consult, or any equivalent comprehensive drug guidance document, including, where equivalent, the current edition of the Physicians' Desk Reference.
- (e) There are alternative treatments for mental and behavioral disorders that do not include psychotropic medications which the parent has the right to consider and use.

44.

(9) The Department of Education shall provide a written form to each of the school districts that includes the information contained in subsection (8), which shall be provided to the parent of any child referred for evaluation of an emotional, behavioral, or mental disorder or any other psychological or psychiatric disorder. The form must contain a provision for signed acknowledgement of having read the information and consent or lack of consent provided by the parent for the evaluation. The form shall be provided to each parent concurrent with any procedural safeguard notification provided to the parent of a student being considered for inclusion in an exceptional student education program.

Section 2. Section 1006.0625, Florida Statutes, is amended to read:

1006.0625 Administration of psychotropic medication; prohibition; conditions.--

- (1) As used in this section, the term "psychotropic medication" means a prescription medication that is used for the treatment of mental disorders and includes, without limitation, hypnotics antihypnotics, antipsychotics, antidepressants, anxiety agents, sedatives, psychomotor stimulants, and mood stabilizers.
- (2) A public school may not deny any student access to programs or services because the parent of the student has refused to place the student on psychotropic medication.
- (3) A public school teacher and school district personnel may share school-based observations of a student's academic, functional, and behavioral performance with the student's parent and offer program options and other assistance that is available to the parent and the student based on the observations.

 However, a public school teacher and school district personnel

Amendment No. ____ (for drafter's use only)

may not compel or attempt to compel any specific actions by the parent or require that a student take medication. The A parent of a student must consent to any psychological screening of the student and may refuse such psychological screening of the student.

(4) Public school and school district personnel may not recommend psychotropic medications to any parent. The parent of a student who refuses to provide psychotropic medication to his or her child may not be charged with child neglect or abuse.

Any medical decision made to address a student's needs is a matter between the student, the student's parent, and a competent health care professional chosen by the parent.

Section 3. This act shall take effect July 1, 2006.

========= T I T L E A M E N D M E N T ===========

Remove everything before the enacting clause and insert:

A bill to be entitled

An act relating to exceptional student evaluation; amending s. 1003.57, F.S.; requiring a parent to be fully informed of consequences and alternatives prior to his or her child's evaluation for an emotional, behavioral, or

mental disorder or other psychological or psychiatric disorder; specifying information relating to consequences

of and alternatives for such evaluation; requiring the Department of Education to provide to school districts a

form to obtain a parent's informed consent; amending s.

1006.0625, F.S.; revising provisions relating to administration of psychotropic medication in public

schools; requiring parental consent for psychological

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. / (for drafter's use only)

screening; prohibiting certain recommendations for use of psychotropic medications; providing an effective date.

1.4

WHEREAS, the Individuals with Disabilities Education Act (IDEA), which was first enacted in 1975 and provides for equal access to education for every disabled child, requires that every child referred for exceptional education programs first be evaluated by the school and requires that each state "shall obtain informed consent from the parent of such child before evaluation is conducted," and

WHEREAS, Rule 6A-6.03311 (1)-(3), Florida Administrative Code, entitled "Exceptional Student Education Rules," which implements IDEA, requires that before a student may be evaluated, the parent must be "fully informed of all information relevant to the activity for which consent is sought," that "consent describes the activity," that it must be "informed parental consent," and that the parent must also be informed of "procedural safeguards," and

WHEREAS, the legal definition of "informed consent" means, "a person's agreement to allow something to happen, made with full knowledge of the risks involved and the alternatives," and

WHEREAS, in practice, school districts throughout this state provide information only on the parent's due process rights and should provide information to parents on the risks and alternatives to the evaluation process and the potential consequences of evaluation, including likely courses of treatment, NOW, THEREFORE,

Bill No. **HB 1213**

	BIII NO. RB 1213
COUNCIL/COMMITTEE A	CTION
ADOPTED	(Y/N)
ADOPTED AS AMENDED	(Y/N)
ADOPTED W/O OBJECTION	(Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	
Council/Committee hearin	g bill: Health Care Regulation
Representative(s) Sobel	
Amendment to Amendm	ent #1 (with directory and title
amendments)	
Remove line(s) 13-9	6 and insert:
	of Education shall draft a document or
	nsent that shall be consistent with
	l statutes and regulations, to be used
	to obtain the written consent of the
	t being considered for exceptional
	to the evaluation of the student for
such services.	
Such Services.	
======== D T R E C T (ORY AMENDMENT ========
Remove line(s) 6 and	
	ion (8) is added to section
Section 1. Subsect.	Ion (0) Is added to IIII
T T T.	E AMENDMENT =======
Remove line(s) 103-	
	.; requiring an informed consent
	current statutes and regulations;
document consistent with	

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. /A (for drafter's use only)

- 23 requiring use by all school districts; providing an effective
- 24 date.

HB 1265

Health Care Regulation Committee

3/28/2006 10:30:00AM

Location: 212 Knott Building

HB 1265 : Small Business Health Care Insurance Assistance

	X	Favorable	With	Committee	Substitute
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	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Dorothy Bendross-Mindingall	X				
Gus Bilirakis			Х		
Marsha Bowen	X				
Larry Cretul	X				
Bob Henriquez	X				
Ed Homan	X				
Raiph Poppell	X				
William Proctor	X				
Yolly Roberson	X				
Eleanor Sobel	X			·	
Rene Garcia (Chair)	X				
	Total Yeas: 10	Total Nays: 0			

Appearances:

(waived time in support)

Bob Wychulis (Lobbyist) - Proponent

Florida Association of Health Plans

(waived time in support)
Jim Cameron (Lobbyist) - Proponent
Daytona Beach Chamber of Commerce
Daytona Beach Florida

Print Date: 3/28/2006 5:03 pm

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House of Representatives COMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee on	HEALTH	CARE REGUL	ATION	Bill No.	<u> H13</u>	1202	
Meeting Date 3-28-0	Time	10:30	Am	Place _	212	Knoth	
COMMITTEE ACTION:							
Favorable Favorable with Amendr Favorable with Commit Unfavorable Temporarily Deferred Reconsidered							
Other Action:	·						

	Vote Bill	Members	#	1			<u> </u>	·		
Yeas	Nays	- Wiembers	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
1/	Ivays	Bendross-Mindingall, Dorothy	1000	rtayo	1000	11030		110,0	1	, rayo
		Bilirakis, Gus	-						<u> </u>	
1/		Bowen, Marty								
		Cretul, Larry	1							-
		Henriquez, Bob								-
1/		Homan, Ed								
		Poppell, Ralph								
		Proctor, William								1
-1/		Roberson, Yolly	1						· · · · · · · · · · · · · · · · · · ·	
	<u></u>	Sobel, Eleanor								
		Garcia, Rene, Chair								
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Yeas	Nays		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
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10	0	TOTALS		/						

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. / (for drafter's use only) Bill No. **HB 1265** COUNCIL/COMMITTEE ACTION __ (Y/N) ADOPTED ADOPTED AS AMENDED (Y/N)V (Y/N) ADOPTED W/O OBJECTION __ (Y/N) FAILED TO ADOPT ___(Y/N) WITHDRAWN OTHER Council/Committee hearing bill: Health Care Regulation 1 Representative(s) Hukill offered the following: 2 3 Amendment (with directory and title amendments) 4 Remove line(s) 44 and insert: 5 6 The business may receive the rebate one time only.

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HB 1319

Health Care Regulation Committee

3/28/2006 10:30:00AM

Location: 212 Knott Building

HB 1319 : Certification of Swimming Instructors

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Dorothy Bendross-Mindingall	X				
Gus Bilirakis			X		
Marsha Bowen	X				
Larry Cretul	X				
Bob Henriquez	X				
Ed Homan	X				
Ralph Poppell	X				
William Proctor	X				
Yolly Roberson			X		
Eleanor Sobel	X				
Rene Garcia (Chair)	X				
	Total Yeas: 9	Total Nays:	0		

House of Representatives COMMITTEE BILL ACTION WORKSHEET

Committee/Sub	committee on	HEALTH	CARE REGU	LATION	Bill No.	HB	1319		
Meeting Date _	3-28-06	Time	10:30	Am	Place _	212	Knott		
COMMITTEE A	COMMITTEE ACTION: Favorable								
Favor Favor Unfav Temp	rable rable with Amendment rable with Committee s rorable rorarily Deferred rasidered								
Other Action: _		* **							

	Vote	Marshara	#1							
Yeas	Bill Nays	Members	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
Veas V	ivays	Bendross-Mindingall, Dorothy	Teas	INays	1645	Ivays	1 Cas	Ivays	1005	INays
		Bilirakis, Gus								
		Bowen, Marty								
		Cretul, Larry								
		Henriquez, Bob								
1/		Homan, Ed								
		Poppell, Ralph								
1/		Proctor, William								
		Roberson, Yolly								
V		Sobel, Eleanor								
V		Garcia, Rene, Chair								
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Yeas	Nays	-	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
9	0	TOTALS	A)						

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. (for drafter's use only)

Bill No. HB 1319

COUNCIL/COMMITTEE	ACTION
ADOPTED	(Y/N)
ADOPTED AS AMENDED	(Y/N)
ADOPTED W/O OBJECTION	$\underline{\hspace{1cm}}$ (Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	

Council/Committee hearing bill: Health Care Regulation Representative(s) Garcia offered the following:

Amendment (with directory and title amendments)

Remove line(s) 11-38 and insert:

Section 1. Section 514.072, Florida Statutes, is created to read:

<u>514.072 Certification of swimming instructors for people</u> who have developmental disabilities required.—

(1) Any person working at a public swimming pool as a swimming instructor for people who have developmental disabilities, as defined in s. 393.063(10), must be certified by the Dan Marino Foundation, Inc., in addition to being certified under 514.071. The Dan Marino Foundation, Inc., must develop certification requirements and training curriculum for swimming instructors for people who have developmental disabilities, and must submit the certification requirements to the Department of Health for review and incorporation into rule by January 1, 2007. A person certified under s. 514.071 before July 1, 2006, must meet the additional certification requirements of this

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. ____ (for drafter's use only) section by January 1, 2008. A person certified under s. 514.071 on or after July 1, 2007, must meet the additional certification requirements of this section within 6 months after receiving certification under 514.071. (2) In addition to any other remedies available to the department, the department may sue to enjoin the operation of

- (2) In addition to any other remedies available to the department, the department may sue to enjoin the operation of any public swimming pool that uses any swimming instructor in violation of subsection (1).
- Section 2. The sum of \$535,000, of which \$185,000 is reoccurring, is appropriated to the Department of Health for distribution to the Dan Marino Foundation, Inc. for the 2006-2007 fiscal year for the purpose of implementing this act.
 - Section 3. The act shall take effect July 1, 2006.

PCB HCR 06-06

Health Care Regulation Committee

3/28/2006 10:30:00AM

Location: 212 Knott Building

PCB HCR 06-06 : Rural Health Care

X Favorable With Amendments (3)

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Dorothy Bendross-Mindingall			Х		
Gus Bilirakis			X		
Marsha Bowen	X				
Larry Cretul			X		
Bob Henriquez	X				
Ed Homan	X	-			
Ralph Poppell	X				
William Proctor	X				
Yolly Roberson	X				
Eleanor Sobel	X				
Rene Garcia (Chair)	X				
	Total Yeas: 8	Total Nays: 0)		

Appearances:

Kathy Holzer (Lobbyist) - Opponent Florida Hospital Association

306 E. College Ave.

Tallahassee Florida 32301 Phone: (850) 222-9800

House of Representatives COMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee on	HEALTH (CARE REGULATION	Bill No. PCB	HCR 06-06
Meeting Date <u> ろつみ</u> を一〇	Time	10:30 Am	Place <u>2/2</u>	Knott
COMMITTEE ACTION:				
Favorable Favorable with Ame Favorable with Con Unfavorable Temporarily Deferre Reconsidered	nmittee Substitute			

Other Action:

	l Vote		#	 ·/	Ħ	2	-4	13	#4	<u>,</u>
	Bill	Members	1	•					/	
Yeas	Nays	- M	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Bendross-Mindingall, Dorothy		 	ļ	<u> </u>				
		Bilirakis, Gus		ļ	!	<u> </u>		<u> </u>		
		Bowen, Marty		ļ				-		
		Cretul, Larry	ļ					ļ	ļ	
		Henriquez, Bob	<u> </u>	<u> </u>	ļ	ļ		ļ		
V		Homan, Ed								
V		Poppell, Ralph								
		Proctor, William								
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		Sobel, Eleanor	ļ							
ν		Garcia, Rene, Chair								
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Yeas	Nays		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Americane no. (Tot dialet 5 disc ont	Amendment No.	(for drafter's use	e only)
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Bill No. PCB HCR 06-06

COUNCIL/COMMITTEE ACTION

ADOPTED ______ (Y/N)
ADOPTED AS AMENDED ______ (Y/N)
ADOPTED W/O OBJECTION ______ (Y/N)
FAILED TO ADOPT ______ (Y/N)
WITHDRAWN ______ (Y/N)
OTHER

Council/Committee hearing bill: Health Care Regulation Representative(s) Garcia offered the following:

Amendment (with directory and title amendments)

Remove line(s) 133-146 and insert:

(6) ADVISORY COUNCIL.--

(a) The Secretary of Health and the Secretary of Health
Care Administration shall each appoint no more than five members
with relevant health care operations management, practice, and
policy experience to an advisory council to advise the office
regarding its responsibilities under this section and ss.
381.0406, 395.6061, and 395.6063. Members must be appointed for
4-year staggered terms and may be reappointed to a second term
of office. Members shall serve without compensation but are
entitled to reimbursement for per diem and travel expenses as
provided in s. 112.061. The council may appoint technical
advisory teams as needed. The department shall provide staff and
other administrative assistance reasonably necessary to assist
the advisory council in carrying out its duties.

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES-

Amendment No. _/ (for drafter's use only)

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(b) The advisory council shall work with stakeholders to develop recommendations that address barriers and identify options for establishing provider networks in rural counties and report to the Speaker of the House, the President of the Senate and the Governor by February 1, 2007.

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. λ (for drafter's use only)

Bill No. PCE	HCR	06-	06
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COUNCIL/COMMITTEE	ACTION	
ADOPTED	(Y/N)	
ADOPTED AS AMENDED	(Y/N)	
ADOPTED W/O OBJECTION	<u>*</u> (Y/N)	
FAILED TO ADOPT	(Y/N)	
WITHDRAWN	(Y/N)	
OTHER		

Council/Committee hearing bill: Health Care Regulation Representative(s) Garcia offered the following:

Amendment (with directory and title amendments)

Remove line(s) 649-827 and insert:

- (1)(a) The purpose of the program is to provide targeted funding to rural hospitals to enable them to adapt to changes in health care delivery and funding, and address disparities in rural health care by:
 - 1. Assisting in the development of needed infrastructure;
 - 2. Assisting financially distressed rural hospitals; and
 - 3. Ensuring accountability for state and federal funding.
- (b) The rural hospital capital improvement grant program includes technical assistance and grants managed by the agency.
- (2)(1) A rural hospital as defined in s. 395.602 may apply to the agency department for a capital improvement grant to acquire, repair, improve, or upgrade systems, facilities, or equipment. The grant application must provide information that includes:

- - (b) The strategy proposed to resolve the problem. +
- (c) The organizational structure, financial system, and facilities that are essential to the proposed solution. \div
- (d) The projected longevity of the proposed solution after the grant funds are expended. $\dot{\tau}$
- (e) Evidence of participation in a rural health network as defined in s. 381.0406;
- $\underline{\text{(e)}}$ Evidence that the rural hospital has difficulty in obtaining funding or that funds available for the proposed solution are inadequate.
- (f) (g) Evidence that the grant funds will assist in maintaining or returning the hospital to an economically stable condition or enable the transition to the status of rural primary care hospital or that any plan for closure of the hospital or realignment of services will involve development of innovative alternatives for the provision of needed discontinued services.
- $\underline{\text{(g)}}$ (h) Evidence of a satisfactory record-keeping system to account for grant fund expenditures within the rural county.
- (h)(i) A rural health network plan that includes a description of how the plan was developed, the goals of the plan, the links with existing health care providers under the plan, Indicators quantifying the hospital's financial status well-being, measurable outcome targets, and the current physical and operational condition of the hospital.
- (2) Each rural hospital as defined in s. 395.602 shall receive a minimum of \$100,000 annually, subject to legislative appropriation, upon application to the Department of Health, for

Amendment No. λ (for drafter's use only)

projects to acquire, repair, improve, or upgrade systems, facilities, or equipment.

- Any remaining funds shall annually be disbursed to rural hospitals in accordance with this section. The agency Department of Health shall establish, by rule, criteria for awarding grants for any remaining funds, which must be used exclusively for the support and assistance of rural hospitals as defined in s. 395.602, including criteria relating to the level of charity uncompensated care rendered by the hospital, the financial status of the hospital, the performance standards of the hospital the participation in a rural health network as defined in s. 381.0406, and the proposed use of the grant by the rural hospital to resolve a specific problem. Up to 30 percent of rural hospital capital improvement funds may be allocated to assist financially distressed rural hospitals that meet the requirements of subsection (3). The agency department must consider any information submitted in an application for the grants in accordance with subsection (2) $\frac{(1)}{(1)}$ in determining eligibility for and the amount of the grant, and none of the individual items of information by itself may be used to deny grant eligibility.
- (4) Financially distressed rural hospitals and critical access hospitals that have an annual occupancy rate of less than 30 percent may receive preferential assistance under the capital improvement grant program to provide planning, management and financial support. To receive this assistance the hospital must meet the following requirements:
 - (a) Provide additional information that includes:
- 1. A statement of support from the board of directors of the hospital, the county commission, and the city commission.

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- 2. Evidence that the rural hospital and the community have difficulty obtaining funding or that funds available for the proposed solution are inadequate.
- (b) Agree to be bound by the terms of a participation agreement with the agency, which may include:
- 1. The appointment of a health care expert under contract with the agency to analyze and monitor the hospital operations during the period of distress.
- 2. The establishment of minimum standards for the education and experience of the managers and administrators of the hospital.
- 3. The oversight and monitoring of a strategic plan to restore the hospital to an economically stable condition or transition to an alternative means to provide services.
- 4. The establishment of a board orientation and development program.
 - 5. The approval of any facility relocation plans.
- (5)(4) The agency department shall ensure that the funds are used solely for the purposes specified in this section. The total grants awarded pursuant to this section shall not exceed the amount appropriated for this program.
- Section 7. Section 408.7054, Florida Statutes, is created to read:
- 408.7054 RURAL PROVIDER SERVICE NETWORK DEVELOPMENT PROGRAM.--
- Administration the Rural Provider Service Network Development

 Program to support the implementation of provider service

 networks in rural counties of the state. The purpose of the

 program is to assist in the establishment of the infrastructure

Amendment No. 2	(for drafter's use only)
needed for Medicaid	reform relating to prepaid and at-risk
reimbursement plans	to improve access to quality health care in
rural areas.	

- (2) The responsibilities of the program are to:
- (a) Administer the rural hospital capital improvement grant program established under s. 395.6061.
- (b) Administer the assistance program for financially distressed rural and critical access hospitals established under s. 395.6063.
- (c) Administer the rural provider service network development grant program established in subsection (3).
- (3) There is established a rural provider service network development grant program. The agency is authorized to provide funding through a grant program to entities seeking to establish rural provider service networks that have demonstrated interest and experience organizing rural health care providers for this purpose.
- (4) Entities eligible for rural provider service network development grants must meet the following criteria:
- (a) Have a written agreement signed by prospective members, 45 percent of whom must be providers in the targeted service area.
- (b) Include all rural hospitals, at least one federally qualified health center, and one county health department located in the service area.
- (c) Have a defined service area, 80 percent of which consists of rural counties.
- (5) Each applicant for this funding shall provide the agency with a detailed written proposal that includes, at a minimum, a statement of need; a defined purpose; identification

Amendment No. 2 (for drafter's use only)

141 and explanation of the role of prospective partners; a signed

142 memorandum of agreement or similar document attesting to the

143 role of prospective partners; documented actions related to

144 provider service network development; measurable objectives for

145 the development of clinical and administrative infrastructure; a

146 process of evaluation; and a process for developing a business

147 plan and securing additional funding.

- (6) The agency is authorized to grant preferential funding to a rural provider service network based on the number of rural counties within the network's proposed service area that are Medically Underserved Areas or Health Professional Shortage Areas as defined by the Health Resources Services

 Administration, Office of Rural Health Policy, and based on whether the provider service network has a principal place of business located in a rural county in the state.
- (7) The agency is granted authority to develop rules required to implement this section.

Remove line(s) 42-54 and insert:

minimum grant for every rural hospital; establishing assistance for financially distressed rural and critical access hospitals; providing requirements for receiving assistance; requiring a participation agreement and providing for contents thereof; amending s. 408.05, F.S.; establishing the Rural Provider Service Network Development Program; providing purposes and responsibilities; establishing a development grant program; providing eligibility requirements; authorizing preferential funding to certain providers; amending s. 409.908, F.S.;

Amendment No. **3** (for drafter's use only)

Bill	No.	PCB	HCR	06-06

COUNCIL/COMMITTEE ACTION ADOPTED __ (Y/N) ADOPTED AS AMENDED __ (Y/N) ADOPTED W/O OBJECTION 1 __ (Y/N) FAILED TO ADOPT __ (Y/N) WITHDRAWN __ (Y/N) OTHER

Council/Committee hearing bill: Health Care Regulation Representative(s) Garcia offered the following:

Amendment (with directory and title amendments)

Between line(s) 713-714 insert:

Section 7. Section 395.6070, Florida Statutes, is created to read:

395.6070 Rural hospital receivership.-

- (1) As an alternative to or in conjunction with an injunctive proceeding, the agency may petition a court of competent jurisdiction for the appointment of a receiver for a rural hospital as defined by s. 408.07, when any of the following conditions exist:
- (a) Any person is operating a hospital without a license and refuses to make application for a license as required by ch. 395.
- (b) The agency determines that conditions exist in the hospital that present an imminent danger to the health, safety, or welfare of the residents of the hospital or a substantial

- 21 probability that death or serious physical harm would result
 22 therefrom.
 - (c) The licensee cannot meet its financial obligation for providing food, shelter, care, and utilities. Evidence such as the issuance of bad checks or an accumulation of delinquent bills for such items as personnel salaries, food, drugs, or utilities shall constitute prima facie evidence that the ownership of the hospital lacks the financial ability to operate the hospital.
 - Petitions for receivership shall take precedence over other court business unless the court determines that some other pending proceeding, having similar statutory precedence, shall have priority. A hearing shall be conducted within 5 days of the filing of the petition, at which time all interested parties shall have the opportunity to present evidence pertaining to the petition. The agency shall notify the owner or administrator of the hospital named in the petition of the filing of the petition and the date set for the hearing. The court may grant the petition only upon finding that the health, safety, or welfare of patients of the hospital would be threatened if a condition existing at the time the petition was filed is permitted to continue. A receiver may be appointed when the owner or administrator, or a representative of the owner or administrator, is not present at the hearing on the petition, unless the court determines that one or more of the conditions in subsection (1) exist; that the hospital owner or administrator cannot be found; that all reasonable means of locating the owner or the administrator and notifying him or her of the petition and hearing have been exhausted; or that the owner or administrator, after notification of the hearing,

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chooses not to attend. After such findings, the court may appoint any person qualified by education, training, or experience to carry out the responsibilities of a receiver pursuant to this section, except that the court may not appoint any owner or affiliate of the hospital which is in receivership. The receiver may be selected from a list of persons qualified to act as receivers developed by the agency and presented to the court with each petition for receivership. Under no circumstances shall the agency or designated agency employee be appointed as a receiver.

- (3) The receiver shall make provisions for the continued health, safety, and welfare of all patients of the hospital and:
- (a) Shall exercise those powers and perform those duties set out by the court.
- (b) Shall operate the hospital in such a manner as to assure safety and adequate health care for the patients.
- (c) Shall take such action as is reasonably necessary to protect or conserve the assets or property of the hospital for which the receiver is appointed, or the proceeds from any transfer thereof, and may use them only in the performance of the powers and duties set forth in this section and by order of the court.
- (d) May use the building, fixtures, furnishings, and any accompanying consumable goods in the provision of care and services to patients and to any other persons receiving services from the hospital at the time the petition for receivership was filed. The receiver shall collect payments for all goods and services provided to residents or others during the period of the receivership at the same rate of payment charged by the owners at the time the petition for receivership was filed, or

at a fair and reasonable rate otherwise approved by the court for private-pay patients. The receiver may apply to the agency for a rate increase for Title XIX of the Social Security Act patients if the hospital is not receiving the maximum allowable payment and expenditures justify an increase in the rate.

- (e) May correct or eliminate any deficiency in the structure or furnishings of the hospital which endangers the safety or health of patients while they remain in the hospital, provided the total cost of correction does not exceed \$100,000. The court may order expenditures for this purpose in excess of \$100,000 on application from the receiver after notice to the owner and a hearing.
- (f) May let contracts and hire agents and employees to carry out the powers and duties of the receiver under this section.
- (g) Shall honor all leases, mortgages, and secured transactions governing the building in which the hospital is located and all goods and fixtures in the building of which the receiver has taken possession, but only to the extent of payments which, in the case of a rental agreement, are for the use of the property during the period of receivership, or which, in the case of a purchase agreement, become due during the period of receivership.
- (h) Shall have full power to direct and manage and to discharge employees of the hospital, subject to any contract rights they may have. The receiver shall pay employees at the rate of compensation, including benefits, approved by the court. A receivership does not relieve the owner of any obligation to employees made prior to the appointment of a receiver and not carried out by the receiver.

- (i) Shall be entitled to take possession of all property or assets of patients which are in the possession of a hospital or its owner. The receiver shall preserve all property or assets and all patient records of which the receiver takes possession and shall provide for the prompt transfer of the property, assets, and records to the new placement of any transferred patient. An inventory list certified by the owner and receiver shall be made at the time the receiver takes possession of the hospital.
- (4) (a) A person who is served with notice of an order of the court appointing a receiver and of the receiver's name and address shall be liable to pay the receiver for any goods or services provided by the receiver after the date of the order if the person would have been liable for the goods or services as supplied by the owner. The receiver shall give a receipt for each payment and shall keep a copy of each receipt on file. The receiver shall deposit accounts received in a separate account and shall use this account for all disbursements.
- (b) The receiver may bring an action to enforce the liability created by paragraph (a).
- (c) A payment to the receiver of any sum owing to the hospital or its owner shall discharge any obligation to the hospital to the extent of the payment.
- (5)(a) A receiver may petition the court that he or she not be required to honor any lease, mortgage, secured transaction, or other wholly or partially executory contract entered into by the owner of the hospital if the rent, price, or rate of interest required to be paid under the agreement was substantially in excess of a reasonable rent, price, or rate of interest at the time the contract was entered into, or if any

material provision of the agreement was unreasonable, when compared to contracts negotiated under similar conditions. Any relief in this form provided by the court shall be limited to the life of the receivership, unless otherwise determined by the court.

- (b) If the receiver is in possession of real estate or goods subject to a lease, mortgage, or security interest which the receiver has obtained a court order to avoid under paragraph (a), and if the real estate or goods are necessary for the continued operation of the hospital under this section, the receiver may apply to the court to set a reasonable rental, price, or rate of interest to be paid by the receiver during the duration of the receivership. The court shall hold a hearing on the application within 15 days. The receiver shall send notice of the application to any known persons who own the property involved or mortgage holders at least 10 days prior to the hearing. Payment by the receiver of the amount determined by the court to be reasonable is a defense to any action against the receiver for payment or for possession of the goods or real estate subject to the lease, security interest, or mortgage involved by any person who received such notice, but the payment does not relieve the owner of the hospital of any liability for the difference between the amount paid by the receiver and the amount due under the original lease, security interest, or mortgage involved.
- (6) The court shall set the compensation of the receiver, which will be considered a necessary expense of a receivership.
- (7) A receiver may be held liable in a personal capacity only for the receiver's own gross negligence, intentional acts, or breach of fiduciary duty.

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- (8) The court may require a receiver to post a bond.
- (9) The court may terminate a receivership when:
- (a) The court determines that the receivership is no longer necessary because the conditions which gave rise to the receivership no longer exist; or
- (b) All of the patients in the hospital have been transferred or discharged.
- (10) Within 30 days after the termination, unless this time period is extended by the court, the receiver shall give the court a complete accounting of all property of which the receiver has taken possession, of all funds collected and disbursed, and of the expenses of the receivership.
- (11) Nothing in this section shall be deemed to relieve any owner, administrator, or employee of a hospital placed in receivership of any civil or criminal liability incurred, or of any duty imposed by law, by reason of acts or omissions of the owner, administrator, or employee prior to the appointment of a receiver; nor shall anything contained in this section be construed to suspend during the receivership any obligation of the owner, administrator, or employee for payment of taxes or other operating and maintenance expenses of the hospital, or of the owner, administrator, employee, or any other person for the payment of mortgages or liens. The owner shall retain the right to sell or mortgage any hospital under receivership, subject to approval of the court which ordered the receivership. A licensee that is placed in receivership by the court is liable for all expenses and costs incurred by the Rural Hospital Patient Protection Trust Fund that are related to capital improvement and operating costs and are no more than 10 percent above the

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Amendment No. 3 (for drafter's use only)

200 hospital's Medicaid rate which occur as a result of the receivership.

Section 8. Section 395.6071, Florida Statutes, is created to read:

395.6071 Rural Hospital Patient Protection Trust Fund. --

(1) A Rural Hospital Patient Protection Trust Fund shall be established for the purpose of collecting and disbursing funds generated from a \$1.00 fee assessed on each inpatient discharge from a rural hospital as defined in s. 408.07. Such funds shall be used for the continued operation of the hospital and transition to another owner. Such funds may be used for the purpose of paying for the appropriate alternate placement, care, and treatment of patients who are removed from a facility licensed under this part in which the agency determines that existing conditions or practices constitute an immediate danger to the health, safety, or security of the patients. If the agency determines that it is in the best interest of the health, safety, or security of the patients to provide for an orderly removal of the patients from the facility, the agency may utilize such funds to maintain and care for the patients in the facility pending removal and alternative placement. The maintenance and care of the patients shall be under the direction and control of a receiver appointed pursuant to s. 395.6070. However, funds may be expended in an emergency upon a filing of a petition for a receiver, upon the declaration of a state of local emergency pursuant to s. 252.38(3)(a)5., or upon a duly authorized local order of evacuation of a facility by emergency personnel to protect the health and safety of the patients.

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- (2) The agency is authorized to establish for each facility, subject to intervention by the agency, a separate bank account for the deposit to the credit of the agency of any moneys received from the Rural Hospital Patient Protection Trust Fund or any other moneys received for the maintenance and care of patients in the facility, and the agency is authorized to disburse moneys from such account to pay obligations incurred for the purposes of this section. The agency is authorized to requisition moneys from the Rural Hospital Patient Protection Trust Fund in advance of an actual need for cash on the basis of an estimate by the agency of moneys to be spent under the authority of this section. Any bank account established under this section need not be approved in advance of its creation as required by s. 17.58, but shall be secured by depository insurance equal to or greater than the balance of such account or by the pledge of collateral security in conformance with criteria established in s. 18.11. The agency shall notify the Chief Financial Officer of any such account so established and shall make a quarterly accounting to the Chief Financial Officer for all moneys deposited in such account.
- (3) Funds authorized under this section shall be expended on behalf of all patients transferred to an alternate placement, at the usual and customary charges of the facility used for the alternate placement, provided no other source of private or public funding is available. However, such funds may not be expended on behalf of a resident who is eligible for Title XIX of the Social Security Act, if the alternate placement accepts Title XIX of the Social Security Act. Funds shall be utilized for maintenance and care of patients in a facility in receivership only to the extent private or public funds,

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259	including funds available under Title XIX of the Social Security
260	Act, are not available or are not sufficient to adequately
261	manage and operate the facility, as determined by the agency.
262	The existence of the Rural Hospital Patient Protection Trust
263	Fund shall not make the agency liable for the maintenance of any
264	resident in any facility. The state shall be liable for the cost
265	of alternate placement of patients removed from a deficient
266	facility, or for the maintenance of patients in a facility in
267	receivership, only to the extent that funds are available in the

Amendment No. 3 (for drafter's use only)

Rural Hospital Patient Protection Trust Fund.

(4) The agency is authorized to adopt rules necessary to implement this section.

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395.6070, F.S.; providing for a rural hospital receivership; creating s. 395.6071, F.S.; creating a Rural Hospital Patient Protection Trust Fund; providing rulemaking authority; creating s.

Amendment No. 4 (for drafter's use only)

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COUNCIL/COMMITTEE ACTION ADOPTED ____ (Y/N) ADOPTED AS AMENDED ____ (Y/N) ADOPTED W/O OBJECTION ____ (Y/N) FAILED TO ADOPT ____ (Y/N) WITHDRAWN ____ (Y/N) OTHER

Council/Committee hearing bill: Health Care Regulation Representative(s) Cretul offered the following:

Amendment (with directory and title amendments)

Remove line(s) 689-695 and insert:

- (2) Each rural hospital as defined in s. 395.602 shall receive a minimum of \$100,000 annually, subject to legislative appropriation, upon application to the agency Department of Health, for projects to acquire, repair, improve, or upgrade systems, facilities, or equipment.
- (3) Any remaining funds shall annually be disbursed to rural hospitals in accordance with this section. The agency

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PCB HCR 06-07

COMMITTEE MEETING REPORT

Health Care Regulation Committee

3/28/2006 10:30:00AM

Location: 212 Knott Building PCB HCR 06-07 : Obesity

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Dorothy Bendross-Mindingall	X	-			
Gus Bilirakis			X		
Marsha Bowen	X				
Larry Cretul			X		
Bob Henriquez	X				
Ed Homan	X				
Ralph Poppell	X		· ·		
William Proctor	X		***		
Yolly Roberson	X				
Eleanor Sobel	X				
Rene Garcia (Chair)	X				

Appearances:

Nancy Moreau (Lobbyist) - Proponent Florida Pediatric Society 1895 Vineland Lane Tallahassee Florida 32317

Phone: (850) 942-7031

(waived time in support) Chris Nuland (Lobbyist) - Proponent Florida Public Health Association 1000 Riverside Ave. #115 Jacksonville Florida 32204 Phone: (904) 355-1555

(waived time in support) Fely Curva (Lobbyist) - Proponent Florida Alliance for Health, PE Recreation, Dance & Sports 1018 Thoamsville Road Tallahassee Florida 32312 Phone: (850) 577-1400

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